



Policy Name	Applied Behavior Analysis for the Treatment of Autism Spectrum Disorder (Federal Employees) – 2023
Policy Number	20.5.007
Issued By	Chief Medical Officer
Approved By	Corporate Quality Improvement Committee
Original Effective Date	01/17
Revision Dates	10/17, 09/18, 09/19, 09/20, 09/21, 09/22
Review Dates	

Purpose

To provide parameters for managing service requests for Applied Behavior Analysis to treat members with Autism Spectrum Disorder so that medical necessity decisions are applied in a consistent and relevant fashion.

Definitions

Behavior Intervention Plan: A written document that describes a pattern of aberrant behavior, the environmental conditions that contribute to that pattern of behavior, the supports and interventions that will reduce the behavior and the skills that will be taught as an alternative to the behavior.

Core Deficits: Persistent deficits in social communication and social interaction across multiple contexts AND, restricted, repetitive patterns of behavior, interests, and activities

Functional Behavior Assessment: A set of descriptive assessment procedures designed to identify environmental events that occur just before and just after occurrences of potential target behaviors and that may influence those behaviors. That information may be gathered by interviewing the member’s caregivers; having caregivers’ complete checklists, rating scales, or questionnaires; and/or observing and recording occurrences of target behaviors and environmental events in everyday situations. (AMA CPT, 2021)

Generalization: The ability to complete a task, perform an activity, or display a behavior across different settings, contexts, people, and times.

Mastery Criteria: An objectively and quantitatively stated standard of performance, such as a percentage, frequency or intensity, or duration, used to determine whether an individual has acquired a skill or behavior, including generalization and maintenance.

Non-standardized instruments: A clinical tool that measures performance but does not provide comparison between subjects. Examples include curriculum-referenced assessment, stimulus preference-assessment procedures, and other procedures for assessing behaviors and associated environmental events that are specific to the individual patient and behaviors. (AMA CPT, 2021)

Standardized Assessments: A fixed set of questions that are administered and scored in a uniform way with all subjects in order to measure relative performance among a group of individuals.

Scope

This policy applies to all Workforce Members of Lucet involved in clinical services, and Providers that service Lucet's Members. This policy applies to benefits administered in plan year 2023.

Policy

Overview

Lucet manages Applied Behavior Analysis (ABA) benefits for the Blue Cross and Blue Shield Service Benefit Plan Coverage Criteria for Federal Employees in Alabama, Arkansas, Florida, Kansas, Kansas City, Louisiana, and Michigan. The medical coverage criteria are used to review and make benefit decisions for ABA service requests for Service Benefit Plan members with the diagnosis of Autism Spectrum Disorder (ASD).

Treatments for ASD other than Applied Behavior Analysis (ABA) do not fall under the scope of this policy. Those alternative ASD treatment approaches not contemplated in this policy include: Cognitive Training, Auditory Integration Therapy, Facilitated Communication, Higashi Schools/ Daily Life, Individual Support Program, LEAP, SPELL, Waldon, Hanen, Early Bird, Bright Start, Social Stories, Gentle Teaching, Response Teaching Curriculum Holding Therapy, Movement Therapy, Music Therapy, Pet Therapy, Psychoanalysis, Son-Rise Program, Scotopic Sensitivity Training, Sensory Integration Training and Neurotherapy (EEG biofeedback). Members are encouraged to consult with their Service Benefit Plan to determine benefit coverage for non-ABA ASD treatment approaches.

ASD is a medical, neurobiological, developmental disorder, characterized by Core Deficit areas: persistent deficits in social communication and social interaction across multiple contexts AND restricted, repetitive patterns of behavior, interests, and activities. *Diagnostic and Statistical Manual, Fifth Edition (DSM-5)* requires all of these symptoms to be present in early development, and further specifies impairment in social, occupational, or other important areas of current function.

The defining characteristics of ABA are applied, behavioral, analytic, technological, conceptually systematic, effective, and capable of appropriately generalized outcomes. ABA involves a structured environment, predictable routines, individualized treatment, transition and aftercare planning, and family involvement. ABA attempts to increase skills related to behavioral deficits and reduce behavioral excesses including eliminating barriers to learning. Behavioral deficits may occur in the areas of communication, social and adaptive skills, but are possible in other areas as well. Examples of deficits include a lack of expressive language, inability to request items or actions, limited eye contact with others and inability to engage in age-appropriate self-help skills such as tooth brushing or dressing. Examples of behavioral excesses include physical aggression, property destruction, elopement, self-stimulatory behavior, self-injurious behavior, and vocal stereotypy.

During pre-treatment assessment, a treatment plan is developed that identifies the core deficits and aberrant behaviors, and includes designated interventions intended to address these deficits and behaviors and achieve individualized goals. Treatment plans are reviewed for medical necessity (defined below) twice annually to allow re-assessment and to document treatment progress.

A Functional Behavioral Assessment (FBA) may also be a part of any assessment. An FBA consists of:

- a. Description of the problem (topography, onset/offset, cycle, intensity, severity)
- b. History of the problem (long-term and recent)
- c. Antecedent analysis (setting, people, time of day, events)
- d. Consequence analysis
- e. Impression and analysis of the function of the problem

For additional information about ABA treatment, documentation requirements and other topics, please refer to your provider manual and Lucet's [Autism Resource Center](#).

Medical Necessity

Medical necessity is defined in the controlling specific health plan and/or group documents.

For additional information about ABA treatment, CPT codes, documentation requirements and other topics, please refer to Lucet's provider manual.

Service Intensity Classification

ABA treatment programs are customized specific to the member based upon the findings from the pre-treatment assessment. Service delivery generally follows two treatment models: (1) comprehensive or (2) focused treatment. Providers should select the model needed to achieve the skills identified in the pre-treatment assessment and subsequent reassessments.

Comprehensive

Comprehensive ABA treatment targets members whose treatment plans address deficits in all core symptoms of Autism. This treatment level, which requires very substantial support, should initially occur in a structured setting with 1:1 staffing and should advance to the least restrictive environment appropriate for the member. This treatment is primarily directed to children ages 3 to 8 years old. Caregiver training is an essential component of Comprehensive ABA treatment.

Comprehensive treatments range from 25 to 40 total hours of direct services weekly. Comprehensive treatment includes ABA delivery from ABA provider directly to individual recipient, caregiver training, case supervision, and treatment planning; it may also include ABA services provided in a group setting.

Focused

Focused treatment targets a limited number of behavior goals requiring support of ABA treatment. Behavioral targets include marked deficits in social communication skills and restricted, repetitive behavior such as difficulties coping with change. In cases of specific aberrant and/or restricted, repetitive behaviors, attention to prioritization of skills is necessary to prevent and offset exacerbation

of these behaviors, and to teach new skill sets. Identified aberrant behaviors should be addressed with specific procedures outlined in a Behavior Intervention Plan. Emphasis is placed on group work and caregiver training to assist the member in developing and enhancing his/her participation in family and community life, and developing appropriate adaptive, social or functional skills in the least restrictive environment.

Focused treatments typically range from 10 to 25 total hours of direct services per week. This treatment may include delivery from ABA provider directly to individual recipient or group of recipients, caregiver training, case supervision, and treatment planning.

ABA PRE-TREATMENT ASSESSMENT REQUEST

MUST MEET ALL OF THE FOLLOWING:

1. The member has a diagnosis of Autism Spectrum Disorder (ASD) based on criteria used in the current DSM, from a clinician who is licensed and qualified to make such a diagnosis. Such clinicians are usually a neurologist, developmental pediatrician, pediatrician, psychiatrist, licensed clinical psychologist or medical doctor experienced in the diagnosis of ASD.
 - a. Documentation of the diagnosis must be accompanied by a clinical note of sufficient depth that allows concordance with current DSM criteria for core symptoms of ASD. Please note: Results of autism screening measures are not an autism diagnosis; a complete diagnostic evaluation must be completed, including an ASD-specific standardized assessment.
 - b. The comprehensive diagnostic evaluation must rule out behavior/medical diagnoses that may have similar symptom presentations. This includes neurological disorders, hearing disorders, behavior disorders and other developmental delays.
2. Hours requested are not more than what is required to complete the pre-treatment assessment.

INITIAL ABA TREATMENT AUTHORIZATION REQUEST

MUST MEET ALL OF THE FOLLOWING:

1. Diagnostic Criteria as set forth in the previous section are met.
2. Documentation of psychological assessment, including autism-specific testing, adaptive behavior testing and cognitive evaluation to define baseline functioning. Any assessment should be accompanied by a formal report detailing the scores achieved and the results of the assessment.
3. The following baseline data must have been completed prior to or scheduled within 90 days of the assessment. Baseline data must have been completed no longer than 5 years prior to the pre-treatment assessment or as indicated below
 - a. Developmental and cognitive evaluation
 - b. Autism-specific assessment that identifies the severity of the condition
 - c. Adaptive behavior assessment completed within 6 months of start date of treatment
 - d. Neurological evaluation as part of a comprehensive physical examination
4. Treatment goals and clinical documentation must be focused on active ASD core symptoms, deficits that inhibit daily functioning, and aberrant behaviors that require the expertise of a

Behavior Analyst. The treatment goals include a plan for stimulus and response generalization in novel contexts.

5. ABA treatment is not designed to attain academic performance.
6. ABA treatment is not a substitute for psychotherapy, occupational therapy or other medical or behavioral health services.
7. Detailed, individualized coordination of care, safety planning, and discharge planning are conducted on an ongoing basis as part of treatment planning.
8. For comprehensive treatment, the requested ABA services are designed to reduce the gap between the member's chronological and developmental ages such that the member is able to develop or restore function to the maximum extent practical (OR) for focused treatment, the requested ABA services are designed to reduce the burden of selected targeted symptoms on the member, family and other significant people in the environment and to target increases in appropriate alternative behaviors.
9. Treatment is provided in the setting and intensity that is appropriate for the member's clinical needs, determined by where target behaviors are occurring and where treatment is likely to impact those target behaviors.
10. Direct line therapy services are provided in a manner consistent with the Lucet Provider Manual, the Ethics Code for Behavior Analysts and applicable state laws. In the absence of a state law, line therapy services are to be provided by a Registered Behavior Technician (RBT), Board Certified Assistant Behavior Analyst, or Master level or Doctoral level Board Certified Behavior Analyst
11. The treatment plan must include a plan to support the member's ability to generalize skills across stimuli, contexts, and individuals, via caregiver training or an appropriate alternative. Provider should be able to demonstrate how instructional control will be transferred to caregivers. In the absence of successful caregiver involvement in treatment, provider should identify an appropriate alternate plan to promote the member's ability to generalize skills outside of therapy sessions, including post-discharge.

CONTINUED ABA TREATMENT AUTHORIZATION REQUEST

MUST MEET ALL OF THE FOLLOWING:

1. Criteria 1-11 in the INITIAL ABA TREATMENT AUTHORIZATION REQUEST section are met.
2. Provider demonstrates:
 - a. Documentation of clinical or social benefit to the child from treatment
 - b. Identification of new or continuing treatment goals
 - c. Development of a new or continuing treatment plan based on progress evidenced by the member's behavioral changes and increased skill acquisition.

Exceptions

Exceptions to this policy must be approved by the Chief Medical Officer, or their designee.

References

2021 Surveillance of Autism (NICE guidelines CG128, CG142 and CG170) [Internet]. London: National Institute for Health and Care Excellence (NICE); 2021 Jun 14. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK571333/>

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*, Fifth Edition. American Psychiatric Publishing.

Behavior Analyst Certification Board. (2020). Ethics code for behavior analysts. <https://bacb.com/wp-content/ethics-code-for-behavior-analysts/>

Cooper, John. Heron, Timothy. Heward, William. Behavior Analysis, 3rd Ed. 2020

Council of Autism Service Providers (2014). Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers (2nd ed.) <https://casproviders.org/wp-content/uploads/2020/03/ABA-ASD-Practice-Guidelines.pdf>

Hyman S. L., Levy, S. E., Myers, S. M. (2020). Identification, Evaluation, and Management of Children with Autism Spectrum Disorder. *American Academy of Pediatrics*, 145 (1), 1 – 64.

Ivy, J.W., Schreck, K.A. The Efficacy of ABA for Individuals with Autism Across the Lifespan. *Curr Dev Disord Rep* 3, 57–66 (2016). <https://doi.org/10.1007/s40474-016-0070-1>

Lord C, McCauley JB, Pepa LA, Huerta M, Pickles A. Work, living, and the pursuit of happiness: Vocational and psychosocial outcomes for young adults with autism. *Autism*. 2020;24(7):1691-1703. doi:10.1177/1362361320919246

Reichow, B., Hume, K., Barton, E., Boyd B. (2018), Early Intensive Behavioral Intervention (EIBI) for Young Children with Autism Spectrum Disorders (ASD). *Cochrane Database of Systematic Reviews*, (5) Article No. CD009260. DOI: 10.1002/14651858.CD009260.pub3.

Steinbrenner, J. R., Hume, K., Odom, S. L., Morin, K. L., Nowell, S. W., Tomaszewski, B., Szendrey, S., McIntyre, N. S., Yücesoy-Özkan, S., & Savage, M. N. (2020). Evidence-based practices for children, youth, and young adults with Autism. The University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Institute, National Clearinghouse on Autism Evidence and Practice Review Team.

Related Documents

N/A